

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	Title
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Abstract
Introduction			
Background and	2a	Scientific background and explanation of rationale	Introduction
objectives	2b	Specific objectives or hypotheses	Introduction
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Study Design
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	NA
Participants	4a	Eligibility criteria for participants	Table 1
	4b	Settings and locations where the data were collected	Study Protocol
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Protocol S1
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they	Outcome
	ua	were assessed	Measures and
		were assessed	Measurement
	6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a	How sample size was determined	Statistical
			Considerations
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Statistical
			Considerations
Randomisation:			
Sequence	8a	Method used to generate the random allocation sequence	NA
generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	NA
Allocation concealment	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
mechanism			NA

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10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to	
	interventions	NA
11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	
	assessing outcomes) and how	NA
11b	If relevant, description of the similarity of interventions	NA
12a	Statistical methods used to compare groups for primary and secondary outcomes	Statistical
		Considerations
12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Statistical
		Considerations
13a	For each group, the numbers of participants who were randomly assigned, received intended treatment,	
	and were analysed for the primary outcome	Figure 1
13b	For each group, losses and exclusions after randomisation, together with reasons	Patient Recruitment
	_	and Retention
14a	Dates defining the periods of recruitment and follow-up	Patient Recruitment
		and Retention
14b	Why the trial ended or was stopped	Patient Recruitment
		and Retention
15	A table showing baseline demographic and clinical characteristics for each group	Table 3
16	For each group, number of participants (denominator) included in each analysis and whether the analysis	
	was by original assigned groups	Figure 1
17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its	
	precision (such as 95% confidence interval)	Tables 4-6
17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
18		
	<u> </u>	Cytokine Analyses
19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Tables 4-5
20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Discussion
21	Generalisability (external validity, applicability) of the trial findings	Discussion
22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant	
	evidence	Discussion
	11b 12a 12b 13a 13b 14a 14b 15 16 17a 17b 18 19 20 21	interventions If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how If relevant, description of the similarity of interventions Statistical methods used to compare groups for primary and secondary outcomes Methods for additional analyses, such as subgroup analyses and adjusted analyses For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome For each group, losses and exclusions after randomisation, together with reasons Dates defining the periods of recruitment and follow-up Why the trial ended or was stopped A table showing baseline demographic and clinical characteristics for each group For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval) For binary outcomes, presentation of both absolute and relative effect sizes is recommended Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory All important harms or unintended effects in each group (for specific guidance see CONSORT for harms) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses Generalisability (external validity, applicability) of the trial findings Interpretation consistent with results, balancing benefits and harms, and considering other relevant

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Other information			
Registration	23	Registration number and name of trial registry	Trial Registration
Protocol	24	Where the full trial protocol can be accessed, if available	Protocol S1
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Acknowledgements

^{*}We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

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